



Form 20A

Beneficiary's Claim for Exemptions Applicable to Fiduciary Income

2003
Massachusetts
Department of
Revenue

Name of beneficiary _____ Social Security number _____

Address _____ City/Town _____ State _____ Zip _____

Beneficiary, under the _____ of _____ Name of fiduciary _____

Has (or will) any other fiduciary filed a return for a taxable year beginning in 2003 that reported income paid or credited to you? ☐ Yes ☐ No

Name(s) under which these returns were filed: _____

Enter your exemptions being claimed against your individual income and against your share as a beneficiary of income before exemptions as reported to you by all fiduciaries. Exemptions must be applied to reduce the total of each type of income in the order listed.

	a. Form 1 or 1-NR/PY	b. All other fiduciaries	c. This fiduciary	d. Total col's. a, b and c	e. Total col's. a, b and c
1 Total exemptions claimed on Form 1. If your taxable year was less than 12 months, your total exemptions are limited to the proportion that the number of days in your taxable year bears to 365. 1					
2 5.3% income before exemptions 2					
3 Exemption claimed on 5.3% income 3					
4 Exemption available for interest & dividends. Subtract col. d, line 2 from line 1. If line 2 is larger, enter "0" 4					
5 Interest and dividends before exemption . . . 5					
6 Exemption claimed on interest and dividends 6					
7 Exemption available for 12% gains. Subtract col. d, line 5 from line 4. If line 5 is larger, enter "0" 7					
8 12% gains before exemption 8					
9 Exemption claimed on 12% gains 9					
10 Exemption available for long-term capital gain income. Subtract col. d, line 8 from line 7. If line 8 is larger, enter "0" 10					
11 Long-term capital gain income before exemption 11					
12 Exemption claimed on long-term capital gain income. 12					
13 Unused exemptions. Subtract col. d, line 11 total from line 10. If line 11 is larger, enter "0" 13					
14 Total exemptions used. Add col. e, lines 3, 6, 9 and 12 14					

Beneficiary's Declaration

Under penalties of perjury, I declare that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge.

Signature of beneficiary _____ Signature of spouse _____ Date _____